

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216)

COVER PAGE

**CALIFORNIA
FORM
460**

Date Stamp

Page 1 of 4

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>07/01/2021</u>	<u>11/05/2024</u>
through <u>12/31/2021</u>	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- Primary Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 5) *(Also Complete Part 6)*
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

2. Type of Statement:

- Prelection Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER

1342332

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Patino for Mayor 2024

Tom Martinez
Treasurer

Tom Martinez
Controller

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Drive
STATE ZIP CODE AREA CODE/PHONE
Santa Maria CA 93455 (805) 934-5737

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

STATE ZIP CODE AREA CODE/PHONE
Santa Maria CA 93455 (805) 934-5737

OPTIONAL: FAX / E-MAIL ADDRESS

tom@martinezassoc.net
Date
1-12-2022

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-12-2022 By T. Martinez Signature of Treasurer or Assistant Treasurer

Executed on 1/29/2022 By Patino for Mayor 2024 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP
2624 Airpark Drive	Santa Maria CA 93455

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE

CITY	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to Whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Patinco for Mayor 2024

STATEMENT COVERS PERIOD from <u>07/01/2021</u> through <u>12/31/2021</u>	CALIFORNIA FORM 460 <u>I.D. NUMBER</u> <u>1342332</u>
<u>Page 3 of 4</u>	

Contributions Received		Expenditures Made		Current Cash Statement	
		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 0.00	12. Beginning Cash Balance	\$ 15,955.99
2. Loans Received	Schedule B, Line 3	\$ 0.00	\$ 0.00	13. Cash Receipts	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 0.00	14. Miscellaneous Increases to Cash	\$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00	\$ 0.00	15. Cash Payments	\$ 187.25
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 0.00	16. ENDING CASH BALANCE	\$ 15,768.74
Expenditure Limit Summary for State Candidates				<i>If this is a termination statement, Line 16 must be zero.</i>	
6. Payments Made	Schedule E, Line 4	\$ 187.25	\$ 1,336.70	17. LOAN GUARANTEES RECEIVED	\$ 0.00
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00	18. Cash Equivalents	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 187.25	\$ 1,336.70	19. Outstanding Debts	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00	\$ 0.00	Cash Equivalents and Outstanding Debts	
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00	\$ 0.00		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 187.25	\$ 1,336.70		
				<i>To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).</i>	
				<i>*Amounts in this section may be different from amounts reported in Column B.</i>	
				<i>Date of Election (mm/dd/yy)</i>	
				<i>Total to Date</i>	
				<i>22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)</i>	

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO	Accounting		137.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

SUBTOTAL \$ 137.25

\$ 137.25

\$ 50.00

\$ 0.00

TOTAL \$ 187.25